

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SALEM TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell on 9-1-2016.</p> <p>Records indicate this facility was first licensed on 7-15-1986, for 142 Resident Beds including 62 Special Care beds. Based on the above information, the facility is required to meet the 1984 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code (Rev 8) Section 409.1 (c) Institutional Occupancy.</p>	C 000		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: Based on a review of documents, the most recent Fire Marshal building safety inspection report, dated 8-22-2016, listed 14 deficiencies.</p>	C 111		
C 133	<p>Bathrooms-Hand Grips</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or</p>	C 133		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SALEM TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 133	Continued From page 1 accessible to residents; This Rule is not met as evidenced by: Based on observation, there was no hand grip provided at the handicap tub in the handicap bathroom on the 200 Hall.	C 133		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: Based on observation, an exit sidewalk from the 400 Hall was overgrown and obstructed with vegetation. Obstructed exit paths could delay or prevent an evacuation in an emergency.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, ceilings were stained or	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SALEM TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 164	Continued From page 2 the texture finish was falling off in places throughout the facility from water damage caused by chronic roof leaks. 2. Based on observation, a countertop was broken at the Assisted Living nurse station.	C 164		
C 165	Housekeeping and Furnishings-Sanitation Grade SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, the building Sanitation grade was 81.	C 165		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SALEM TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 166	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility was not maintained in a safe condition because of too much combustible storage in a single space. Excess combustible storage increases the fuel load beyond the room's and the door's capacity to contain a fire. Findings include; Rooms 402, 403, and 407 were stacked wall to wall with combustible storage.</p> <p>2. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in unapproved beverage crates or in no container at all in the Assisted Living medroom and in the oxygen storage room.</p>	C 166		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p> <p>(f) This Rule shall apply to new and existing</p>	C 185		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SALEM TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 185	Continued From page 4 facilities. This Rule is not met as evidenced by: Based on a review of documents, the only records available onsite included no description of what the rehearsal involved.	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Hole in the wall in housekeeping closet near the business office, b. Damaged wall in housekeeping closet near the business office, c. Hole, about 6 inches by 14 inches, in the ceiling in the mechanical room, d. Hole in the ceiling in the employee rest room, e. Holes in the ceiling in the housekeeping room on 100 Hall,	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SALEM TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 5</p> <p>f. Hole in the wall in the storage room on 500 Hall,</p> <p>g. Hole in the wall in the housekeeping storage room on 500 Hall,</p> <p>h. Hole in the wall in the maintenance office,</p> <p>i. A receptacle plate was missing in the ceiling in the kitchen,</p> <p>j. The sprinkler escutcheon was missing or not tightly fitted to the ceiling complete the one-hour protection in the following locations;</p> <p>i. Employee break room,</p> <p>ii. Kitchen,</p> <p>iii. Kitchen office.</p> <p>2. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include;</p> <p>a. The door closer was removed from the large storage room across from room 207. This fire rated door must be self-closing and must automatically latch when closed.</p> <p>b. One side of the smoke barrier doors to the 500 hall did not latch when closed by the fire alarm system.</p> <p>c. The 1½ fire rated door to the equipment room with the MDP was wedged open..</p> <p>d. The fire rated door between the kitchen and the dining room was propped open.</p> <p>e. The door between the dining room and the corridor was wedged open.</p> <p>f. The door to room 311 was damaged beyond repair.</p> <p>g. The doors to rooms 503, 514, and the 200 Hall handicap bath would not latch when closed.</p> <p>h. The doors to rooms 113 and 203 were hard to</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SALEM TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2609 OLD SALISBURY ROAD WINSTON SALEM, NC 27127
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 6</p> <p>close and open.</p> <p>3. Based on observation, the warning devices, "screamers," protecting the emergency release switches were not working at 2 exits from the 400 Hall in Special Care. Malfunctioning warning devices could allow resident elopement.</p> <p>4. Based on observation, the battery powered emergency light in the corridor near the beauty salon would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.</p> <p>5. Based on observation, a magnetic lock was not properly mounted at the exit near room 400 in the Special Care Unit. Improperly mounted locking devices could allow resident elopement.</p>	C 189		